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\*\* CONTINUING DATA \*\*\*\*\*  
*none AMR*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none AMR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 07/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>AMR</i>	INITIALS		

Verified and  
Acknowledged

ADDRESS  
 30452  
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TITLE  
 Method and system for tissue repair using dual catheters

<input type="checkbox"/> All Fees
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<b>FILING FEE</b>  <b>RECEIVED</b> <b>1576</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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